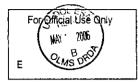
U.S: Lepartment of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 1905 3

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2005 Through: 12 / 31 / 2005

4. Name, file number, and address of labor organization.

Name ROBERT COM	IPTON	Name :EXCAVATORS UNION LOCAL 731	
		Labor Organization File Number 007-544	
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any	
Street 81 7TH STREET	-	Street :34-11 35TH STREET	
City STATEN ISLAND		City ASTORIA	
State New York	ZIP Code - 4 10306	State New York ZIP Code + 4 11106	
5. Position in labor organization. FIELD R	EPRESENTATIVE		
Enter appropriate data below If, during the	e past fiscal year, you or your spou (except as specified in the exclus	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):	
A. Held an interest in, engaged in transact monetary value from an employer whos	tions (including loans) with, or ce employees your organization	derived income or other economic benefit of on represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.	
Name	NAME OF THE PARTY		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any		7.b. Amount.	
Street			
City			
State	ZIP Code + 4		
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information			

submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Name of Person Filing ROBERT COMPTON	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name EXCAVATORS UNION LOCAL 731 WELFARE FUND	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	c. Employer
Street 34-11 35TH STREET	
City :ASTORIA State New York ZIP Code + 4 11106	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name EXCAVATORS UNION LOCAL 731 WELFARE FUND	REMITTANCE AND EXPENSE FOR TRUSTEE/ EMPLOYEE RELATED CONFERENCES.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 34-11 35TH STREET	11.b. Approximate dollar value of such dealing. \$2,819
City ASTORIA	12.a. Nature of interest held or income received.
State New York ZIP Code + 4 11106	•
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the state of the s	12.b. Amount.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer X or Consultant?	14.b. Amount of payment.